

## Application Data Sheet

### Application Information

Application Type:: Regular  
Subject Matter:: Utility  
Suggested Group Art Unit::  
Sequence submission?:  
Computer Readable Form  
(CRF)?:  
Title:: A MEDICINE BAG  
Attorney Docket Number:: F-8187  
Suggested Drawing Figure:: 1  
Total Drawing Sheets:: 22  
Small Entity:: No

### Applicant Information

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: Japan  
Status:: Full Capacity  
Given Name:: Masanobu  
Middle Name::  
Family Name:: IWASA  
City of Residence:: Higashiosaka-shi  
State or Province of  
Residence::  
Country of Residence:: Japan  
Street of Mailing Address:: c/o NIPRO CORPORATION,

9-3, Honjonishi 3-chome, Kita-ku  
City of Mailing Address:: Osaka-shi  
State or Province of Mailing  
Address:: Osaka  
Country of Mailing Address:: Japan  
Postal or Zip Code of  
Mailing Address::

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: Japan  
Status:: Full Capacity  
Given Name:: Minoru  
Middle Name::  
Family Name:: HONDA

City of Residence:: Otsu-shi  
State or Province of  
Residence::  
Country of Residence:: Japan  
Street of Mailing Address:: c/o NIPRO CORPORATION,  
9-3, Honjonishi 3-chome, Kita-ku  
City of Mailing Address:: Osaka-shi  
State or Province of Mailing  
Address:: Osaka  
Country of Mailing Address:: Japan  
Postal or Zip Code of  
Mailing Address::

Applicant Authority Type:: Inventor

Primary Citizenship Country:: Japan  
Status:: Full Capacity  
Given Name:: Masaki  
Middle Name::  
Family Name:: IKENOUE  
City of Residence:: Otsu-shi  
State or Province of Residence::  
Country of Residence:: Japan  
Street of Mailing Address:: c/o NIPRO CORPORATION,  
9-3, Honjonishi 3-chome, Kita-ku  
City of Mailing Address:: Osaka-shi  
State or Province of Mailing Address:: Osaka  
Country of Mailing Address:: Japan  
Postal or Zip Code of Mailing Address::

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: Japan  
Status:: Full Capacity  
Given Name:: Kenji  
Middle Name::  
Family Name:: OMORI  
City of Residence:: Kusatsu-shi  
State or Province of Residence::

Country of Residence:: Japan  
Street of Mailing Address:: c/o NIPRO CORPORATION,  
9-3, Honjonishi 3-chome, Kita-ku  
City of Mailing Address:: Osaka-shi  
State or Province of Mailing  
Address:: Osaka  
Country of Mailing Address:: Japan  
Postal or Zip Code of  
Mailing Address::

**Correspondence Information**

Correspondence Customer  
Number:: 000028107

**Representative Information**

Representative Designation::	Registration number::	Name::
Primary	20,456	Frank J. Jordan

**Foreign Priority Information**

Country::	Application Number::	Filing Date::	Priority Claimed::
Japan	2003-086270	03/26/03	Yes
Japan	2003-092661	03/28/03	Yes
Japan	2003-101632	04/04/03	Yes

### **Assignee Information**

Assignee Name:: NIPRO CORPORATION  
Street of Mailing Address:: 9-3, Honjonishi 3-chome  
Kita-ku  
City of Mailing Address:: Osaka-shi  
State or Province of Mailing  
Address:: Osaka  
Country of Mailing Address:: Japan  
Postal or Zip Code of  
Mailing Address::